

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

September 18, 2007

Rod Jacobson, Administrator Bear Lake Memorial Hospital 164 South 5th Street Montpelier, ID 83254

RE:

Bear Lake Memorial Hospital, provider #131316

Dear Mr. Jacobson:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Bear Lake Memorial Hospital, on August 29, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Rod Jacobson, Administrator September 18, 2007 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by October 1, 2007, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

CHRIS LAUMANN

Health Facility Surveyor

Facility Fire Safety and Construction Program

CL/lj

Enclosures

Printed: 09/10/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING Ω1 B. WING _ 131316 08/29/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH FIFTH MONTPELIER, ID 83254 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 K 000 INITIAL COMMENTS The hospital building is a single story structure with a partial basement. Original construction was 1958 with subsequent additions to include a major addition/renovation completed in 1998. The construction is Type V(111) and is fully sprinklered. The upgraded fire alarm system includes smoke detection throughout the corridors and open areas. The main level of the hospital has 5 exits to grade plus a horizontal exit to the physically attached Skilled nursing Facility. There are two remote exits from the basement which are accessible through Central Stores/Purchasing. The main level of the hospital is sub-divided into three smoke zones. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on August 29, 2007. The facility was surveyed under the Life Safety Code 2000 Edition. Existing Health Care Occupancy adopted RECEIVED March 11, 2003. In accordance with CFR 42, 485.623. The surveyor conducting the survey was: SEP 26 2007 Chris Laumann Health Facility Surveyor FACILITY STANDARDS Fire/Life Safety and Construction K 025 NFPA 101 LIFE SAFETY CODE STANDARD K 025 Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

9-24.07

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STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING _ 131316 08/29/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 164 SOUTH FIFTH BEAR LAKE MEMORIAL HOSPITAL MONTPELIER, ID 83254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLÉTION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 025 K 025 Continued From page 1 separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This Standard is not met as evidenced by: Based on observation it was determined that the facility failed to maintain the smoke barriers of the building in a state to resist the passage of smoke. Findings include: These holes were fire caulked 9-01-07 1. During a facility tour on August 29, 2007 at on 9-01-07. 1:49 PM during the facility tour it was revealed that the fire wall in the basement adjacent to the Dietary Storage room revealed that the wall had been compromised by 3 holes each measuring approximately 1 inch in diameter. This was observed by the surveyor and maintenance staff. K 029 NFPA 101 LIFE SAFETY CODE STANDARD K 029 One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 B. WING ___ 131316 08/29/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEAR LAKE MEMORIAL HOSPITAL		164 SOUTH FIFTH MONTPELIER, ID 83254					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIATE	(X5)- COMPLETION DATE	
K 056	Continued From page 3 switches, which are electrically connected to the building fire alarm system. 19.3.5		K 056				
	This Standard is not met as evidenced I Based on observation and record review determined that the facility had not ensure sufficient sprinkler protection was provid areas requiring protection. The findings include: Observations on August 29, 2007 betwee AM and 3:00 PM disclosed that sprinkler protection was not sufficient in required at These areas included: an overhang metapproximately 60 feet by 20 feet at the sentrance and a room notated in the sprin inspection report as the new room to the side of mechanical/boiler room which was observed to not be protected with any spheads. All findings were witnessed and noted by Surveyor and the Maintenance Staff.	en 10:00 en 10:00 ereas. asuring outh wing ikler East as also		Dialysis water resprinkler head (10-24-07		10-24-07	
K 069	NFPA 101 LIFE SAFETY CODE STAND Cooking facilities are protected in accord with 9.2.3. 19.3.2.6, NFPA 96		K 069			Andrewski der	
	This Standard is not met as evidenced to Based on record review, observation and interview, it was determined that the facily not ensured that the kitchen hood was be	d staff lity had				f	
FORM CMS-	2567(02-99) Previous Versions Obsolete			S61L21	If continuation s	heet Page 4 of 5	

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING 01		COMPLETED			
131316		,	B. WING		08/29/2007				
BEAR LAKE MEMORIAL HOSPITAL 164			164 SC	ADDRESS, CITY, STATE, ZIP CODE SOUTH FIFTH ITPELIER, ID 83254					
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K 069	event of a fire the becleaning can acceled. The findings include Record review and 2007 at 1:03 PM duthat the hood syste legible tag indicating the last six months matter revealed that flume had been ser	ed every six months. build up of grease froerate the fire.	gust 29, disclosed jed with a d within the e that the ual basis.	K 069	Arrangements have been have the hood cleaned obefore Oct. 15, 2007 and 6 months thereafter.	on or	10-15-07		

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STATE FORM

021199

S61L21

9-24-07 If continuation sheet 1 of 3

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COMPLETE

DATE

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This Rule is not met as evidenced by:

Refer to the following tags on Federal 2567.

3. K056 Automatic fire Sprinkler System

This Rule is not met as evidenced by:

Based on surveyor review of available

2. K029 Hazardous areas

4. K096 Kitchen appliances

BB516 16.03.14.520.02 Drills

annual disaster drill.

(10-14-88)

1. K025 Smoke compartmentation and control

02. Drills. The plan shall be rehearsed annually.

documentation and interview with maintenance staff, the facility did not document /conduct an

BB516

While a disaster rehearsed was not documented we actually did

community lost power on 7-07-07 and our back-up generator failed

to work. See attached documentation.

a disaster scenario when our

9-24-07

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Bear Lake Memorial Hospital

164 South 5th • Montpelier, Idaho 83254 • (208) 847-1630 • www.blmhospital.com

Disaster Drill 7-07-07

On July 7, 2007 at 5 pm we lost power to our entire city for about 4 hours. Additionally, our emergency backup generator failed to start. We called in a diesel mechanic and our own maintenance man to diagnose and fix the problem but this took more than an hour and we were not able to fix the problem that day. In the meantime the Hospital and the SNF had to make accommodations for no power or lights in the facility. As the power outage occurred in the late afternoon there was enough outside light to allow people to move from place to place but towards the end of the outage the sun had set and visibility was becoming a problem.

Problems encountered by the SNF:

When all power went off many of the patients on air mattresses had problems because the mattresses went flat almost immediately. These patients needed to be transferred to regular mattresses with egg crate covers on them.

The power recliners did not work so staff had to get patients from their recliners without the assistance of the lifting chairs.

Of most concern was the number of oxygen generators that went down. While we do have emergency power outlets that would normally be used, the fact that our backup generator did not work meant we had no backup power and these patients had no oxygen. We do have several rooms and areas with "piped in" oxygen so it was determined that should the problem re-occur we would put as many patients as possible on the piped oxygen sources on a triage basis and then if necessary bring in gas powered generators or bottled oxygen to hold us over.

While this outage occurred when temperatures were mild and heating and cooling were not that big of a concern we visited about what we would do if we were without power in the middle of February. (See discussion on Hospital side).

Problems encountered by the Hospital:

Lighting was adequate initially from outside through windows, however as the sun set lighting was becoming a problem. Fortunately the power came back on before the lighting became critical but it was obvious we were going to need flashlights or other means of lighting very quickly. Because the outage was on a Sunday there were no stores open where we could obtain flashlights. We have determined we need a locked case where batteries and flashlights can be stored in case such an occurrence should repeat itself.

Because it was a Sunday we had no surgery going on but it is hard to imagine what would have needed to be done if we had been in the middle of a surgical case when the power went out and the backup power failed. We have discussed this scenario with our OR and anesthesia personnel and backup plans are being developed. We do have a gas powered generator that could be placed on the freight dock and string wires to the OR to power up the anesthesia machines and we have emergency lighting on poles that could be used for surgical lighting. Oxygen is plumbed in so that would not be a problem however suction would not work as is.

Heat for the Hospital is gas fired however all the controls and fans require power so we would likely have no heat without supplying power to the boiler room - - something we could not do without a large portable generator unit and wiring modifications (adapters). We need to work on this. In discussing this with our maintenance man if our backup generator works when power goes out we have heating and cooling capabilities. If however, when our power goes out and our backup generator fails we cannot heat or cool either facility (SNF or Hospital). The only way to solve that problem is to have a backup to the backup generator and a switchgear and power adapter. Total cost about \$75,000. Need to decide if such redundancy is a good way to spend our limited funds.